PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Claims in Patent Claims in Patent Claims in Reissue Application Reissue Application (A) 34 (C) 19 Total Claims (37 CFR 1.16(j)) (10 payed and claims (37 CFR 1.16(j)) (11 payed and claims (37 CFR 1.16(j)) (12 payed and claims (38 payed and claims (39 payed and claims (37 CFR 1.16(j)) (10 payed and claims (37 CFR 1.16(j)) (11 payed and claims (31 payed and claims (32 payed and claims (33 payed and claims (34 payed and claims (35 payed and claims (36 payed and claims (37 CFR 1.16(j)) (37 CFR 1.16(j)) (38 payed and claims (39 payed and claims (20 payed and claims (21 payed and claims (22 payed and claims (23 payed and claims (24 payed and claims (25 payed and claims (26 payed and claims (27 CFR 1.16(j)) (27 payed and claims (28 payed and claims (29 payed and claims (20 payed and claims	REISSUE APPLICATION FEE TRANSMITTAL FORM Docket Number (Optional) 2271/56418-Z-RE										
Patent											
Total Claims (37 CFR 1.16(1))			Numb	er Filed in		(3)	Small E	ntity	-	Other than a	Small Entity
(A) 34 (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(j)) 19	Patent		Reissue	Application	Nun	ber Extra	Rate	Fee		Rate	Fee
Basic Fee (37 CFR 1.16(h)) \$					***		x \$=		or	× \$=	0
Claims as Amended - Part 2 Claims Remaining After Amendment Total Claims (37 CFR 1.16(i)) Total Claims (37 CFR 1.16(ii)) **If the entry in (D) is less than the entry in (C), Write "0" in column 3. **If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **After any cancellation of claims. **If the "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. **If the amount of \$\frac{1}{2}\$ in the amount of \$\frac{1}{2}\$ A check in the amount of \$\frac{7}{2}\$ to cover the filing / additional fee is enclosed. WARNING: Information on this form may become public. Credit card information should not	(a) 1									x \$=	0
Claims as Amended - Part 2 (1) Claims Remaining After Amendment (2) Highest Number Previously Paid For Present Part 1.16(j) Independent Claims (37 CFR 1.16(j)) Independent Claims (38 CFR 1.16(j)) Independent											
Claims Remaining After Amendment Claims Remaining After Amendment Claims Remaining After Amendment Rate Fee Ra	Total Filing Foo										
Claims Remaining After Amendment				Claims	s as Ar	nended - Pa	art 2				
Total Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(ii)) Independent Claims (37 CFR 1.16(ii)) Independent Claims (37 CFR 1.16(iii)) Independent Claims (37 CFR 1.16(iiii)) Independent Claims (37 CFR 1.16(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					mber		Small E	ntity		Other than	a Small Entity
(37 CFR 1.16(i)				Previous	ly	Claims	Rate	Fee		Rate	Fee
Independent Claims (37 CFR 1.16(i)) *** * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** ** After any cancellation of claims. *** *** *** *** *** *** ** **		***	MINUS	**		* =	x\$ =			×\$=	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 03-3125 A duplicate copy of this sheet is enclosed. A check in the amount of \$	Independent		MINUS	****		=				×\$=	=
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. ***** After any cancellation of claims. ********* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ******* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No			•			Total A	dditional Fee	\$		OR	\$
7/3/2003 Date January Graphicant Attorney or Agent of Record Paul Teng Typed or printed name											

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application Of: Minoru FUKUDA, et al.

For: MEMORY CONFIGURATION OF A COMPOSITE

MEMORY DEVICE

Reissue Application No.: not yet known

Reissue Application Filing Date: concurrently herewith

Original Patent No.: 6,335,883

Original Patent Granted On: January 1, 2002

1185 Avenue of the Americas New York, New York 10036

Mail Stop Reissue Application

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

EXPRESS MAIL LETTER OF TRANSMITTAL

Express Mail mailing label number:	EV325704220US
Date of Deposit:July 3, 2003	

I hereby certify that the above-identified reissue application (consisting of the Abstract, 5-page specification, 34 original patent claims, 6 sheets of formal drawings, Reissue Application Declaration by Inventor, Consent of Assignee, Offer to Surrender Original Patent, Statement under 37 C.F.R. 3.73(b), Statement Pursuant to 37 CFR 1.173(c), Preliminary Amendment, Terminal Disclaimer, 3 copies of transmittal form, a check for the \$750.00 filing fee) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Mail Stop Reissue Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jamel Rhaab Cooper & Dunham Employee Depositing Express Mail Material

Attorney for Applicants: Ivan S. Kavrukov, Reg. No. 25,161 Cooper & Dunham LLP Tel. (212) 278-0400

PTO/SB/505

Approved for use through 01/31/2004, OMB 065

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COM
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control.

REISSUE PATENT APPLICATION TRANSMITTAL Attorney Docket No.

Addres	s to:		Attorney Docket No.				
As	sistant Commissioner for Pat		Eint No. 11				
Во	x Reissue	ents	Original Patent Number	Minoru FUKUDA			
	ashington, DC 20231		Original Patent Issue Date	6,335,883			
1			(Month/Day/Year)	January 1, 2002			
APPLICATION	ON FOR REISSUE OF:		Express Mail Label No.	7 2, 2002			
(Check	applicable box)	X Utility Patent	Design Patent	<u></u>			
	CATION ELEMENTS (37 CFR 1		- Design atent	Plant Patent			
		.173)	ACCOMPANYING APPI	LICATION PARTS			
1. X Fee T	ransmittal Form (PTO/ SB/ 56) an original, and a duplicate for fee processing)						
2. Applica	ant claims small entity status. See 37 CF	CD 4 07	10. X Statement of status to the claims. See 3	and support for all changes			
			11 Original U.S. Patent	for surrender			
3. X format	cation and Claims in double column cop (amended, if appropriate)	y of patent					
4. X Drawin	g(s) (proposed amendments, if appropn	ate)	Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)				
5 V Reissue	Oath/Declaration (original or som)	,		· · · · · · · · · · · · · · · · · · ·			
(3) C.F	R. § 1.175) (PTO/SB/51 or 52)	1	12. Foreign Priority Claim (if applicable)	1 (35 U.S.C. 119)			
6. X Power of	of Attorney	1	13 Information Disclosur	e Copies of IDS			
7. Original U.S.	Patent currently assigned? X Yes	-	Statement (IDS)/PTO	-1449 L Citations			
(If Yes, check	applicable box(es))	L No	14. English Translation of (if applicable)	f Reissue Oath/Declaration			
X Written	Consent of all Assignees (PTO/SB/53)		(п аррисаціе)	1			
X 37 C.F.	R. § 3.73(b) Statement	1	 X Preliminary Amendme 	ent			
(P10/S	B/96)	1.	16. X Return Receipt Postca	T .			
8. CD-RO	M or CD-R in duplicate, Computer Progr table	am (Appendix)	(Snould be specifically	/ itemized)			
9 Nucleotide and	Innia-to-Atta	1	17. Other: Terminal	Disclaimer; and			
	" - The following are flecessary)		Offer to	Surrender			
a. Compi	uter Readable Form (CFR)	1	Original Patent.				
D. Specification	Sequence Listing on:	<u>L</u> _					
i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii ☐ paper							
c. Stateme	ents verifying identity of above copies						
X Custom	18. CORRESPO	NDENCE ADDR	RESS				
Custom	ner Number or Bar Code Label 23	432	or X Correspon	dence address below			
Name	Twan C V	ustomer No. or Attach bar c	ode label here)	derice address below			
Address	Ivan S. Kavrukov Cooper & Dunham LLP						
Address:							
City	1185 Avenue of the	mericas	Zip Code 10	036			
Country	New York	State	3777	-391-0525			
	USA	Telephone 21	2-278-0400	371-0323			
NAME (Print/1	ype) Paul Tengo						
Signature	1000	Regi		,837			
rden Hour Statement: T	his form is estimated to take 0.0 to		Date 7/	3/2003			

Burden Hour Statement: This form is estimated to take 0.2 hourse-to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.